

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		<b>Attorney Docket Number</b>	740612-196
<input type="checkbox"/> Declaration Submitted With Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		<b>First Named Inventor</b>	Robert MASSEN
<b>COMPLETE IF KNOWN</b>			
		<b>Application Number</b>	
		<b>Filing Date</b>	15. Januar 2004
		<b>Art Unit</b>	
		<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method for the Optical Inspection of a Transparent Protective Layer and of a Colored Patterned Surface

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 15 January 2004 as United States Application Number or PCT International

Application Number

PCT/EP04/00251

and was amended on (MM/DD/YYYY)

19 July 2004 under  
Art. 19

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application..

I/We hereby appoint:

Practitioners at Customer Number 41972 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
				YES	No
103 01 931.6	DE	19. Januar 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

## DECLARATION – Utility or Design Patent Application

Direct all correspondence to: Customer Number or  
 Bar Code Label 41972 OR  Correspondence address below

Name \_\_\_\_\_

Address \_\_\_\_\_

City _____	State _____	ZIP _____
Country _____	Telephone _____	Fax _____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; ;and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Igor	Family Name or Surname
DETINKIN		

Inventor's Signature		Date 06.July.2005
-------------------------	---	-------------------

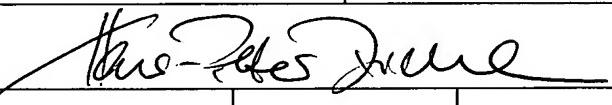
Residence: 78462 Konstanz	State _____	Country Germany	Citizenship <u>Russian</u> <u>German</u>
---------------------------	-------------	-----------------	---

Mailing Address Gartenstrasse 46b

City 78462 Konstanz	State _____	ZIP _____	Country Germany
---------------------	-------------	-----------	-----------------

NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Hans-Peter	Family Name or Surname
DIEHL		

Inventor's Signature		Date 28.june.2005
-------------------------	---	-------------------

Residence: 78462 Konstanz	State _____	Country Germany	Citizenship German
---------------------------	-------------	-----------------	--------------------

Mailing Address Niederburggasse 11

City 78462 Konstanz	State _____	ZIP _____	Country Germany
---------------------	-------------	-----------	-----------------

Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Robert	Massen		
Inventor's Signature	Date <u>28 June 2005</u>		
Residence: 78338 Öhningen-Wangen	State:	Country: Germany	Citizenship: Luxembourger
<b>Mailing Address:</b> Am Rebberg 29			
City: 78338 Öhningen-Wangen	State:	ZIP:	Country: Germany
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City:	State:	Country:	Citizenship:
<b>Mailing Address:</b>			
<b>Mailing Address:</b>			
City:	State:	ZIP:	Country:
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City:	State:	Country:	Citizenship:
<b>Mailing Address:</b>			
<b>Mailing Address:</b>			
City:	State:	ZIP:	Country: